Oregon Healthcare Workforce Committee
January 7th 2015 from 9:30-12:30
At Wilsonville Training Center
Meeting Summary

Committee Members in Attendance:	Pat Brunett Ann Buchele Jeff Clark Lita Colligan Michael Delgado (ph) Carla McKelvey-OHPB	Josie Henderson David Nardone Jeff Papke (ph) David Pollack Daniel Saucy
Committee Members Not in Attendance	Agnes Balassa Jordana Barclay Sharmilla Bose	Robyn Dreibelbis John Osborne
OHA staff, OHWI, OCN	Lisa Angus, OHA Cathryn Cushing, OHA Margie Fernando, OHA Marc Overbeck, OHA	Jo Isgrigg, OHWI Jana Bitton, OCN
Others	Robert Duehmig, Office of Rural Health James Huntzicker, OHSU Laura McKinney, Strategic Industry Partnerships	

1	**Welcome**
2	**Approval: October 8th 2014 meeting summary**
	Meeting Summary was approved.
	Action Steps: • *Staff will finalize and file the summary.* • *Cathryn will send out the revised August meeting summary to committee members.*
3	**Survey Results**

Objective: Share and discuss survey results with committee members.

Background: The HCWF Committee has completed the deliverables called for by the last charter with OHPB. Committee members have been discussing what they see as the best future direction for committee work. Cathryn and Jo fielded a simple survey through SurveyMonkey and by phone to collect members' thoughts.

Discussion: David P wanted more detail in the summary about the importance of providing training in consultation for physicians in specialty areas because they will need this skill if they are to provide services to PCPCHs. The HCWF Committee could spend more time thinking about appropriate training programs, residencies or certifications for consultation skills.

The OHPB had their retreat on January 6th and heard the Governor's health transformation focus areas for 2015 – the integration of behavioral and physical health and the modernization of the public health system. Both areas of focus have workforce implications. Questions include, "Is there adequate workforce?" and "How will this workforce be paid?"

The Board recognized that some of the tasks assigned to the HCWF Committee were quite broad and that the Committee wasn't necessarily empowered to take action on recommendations. They discussed having a combined meeting at some point. In addition, Joe Robertson is still very interested in GME and in the part of the workforce that isn't highly licensed – we still don't know enough about that part of the workforce.

Committee members wanted more information about the "modernization" of public health. The word modernization essentially means "transformation" and entails creating standards for public health programs around the state for levels of service as well as a better understanding of the role of public health in the transformed health system. The public health structure is very strong in some parts of the state and weak in others. This work will spur a discussion in the legislature about public health funding. Currently, public health funding is fractured – much is grant based, there is some state and local funding, but it isn't consistent and it limits the services provided.

Committee members are happy that the Governor's focus includes public health and behavioral health. Transformation of the health care delivery system implies more emphasis on public health. There needs to be more public effort – to bring on community health workers, for example. Members wondered how the transformation of public health can take place – does it mean that we really don't need nurses to provide public health services but could have a less highly trained worker provide them?

Other issues raised by the Committee for possible consideration in 2015:

- How are we including rural communities? Maybe we need a rural lens or focus. Innovation that is happening for large systems or communities may not be

	appropriate for rural clinics or providers. • How are we ensuring that we have the right number and distribution of dental professionals? • Telemedicine could fill some gaps. There is a bill moving forward that will allow patients to be at home when communicating via telemedicine. Members have lots of questions about telemedicine such as does the bill require insurance to cover telemedicine? Do people need a face to face visit before using telemedicine?
	Action Steps: • *Cathryn will revise survey summary and send back out to the committee.*
4	**Coordinated Care Model Summit**
	Objective: Share experiences from the CCM Summit with committee members unable to attend. Background: OHA's Transformation Center hosted a Summit to share how the state's transformation to coordinated care is going. Over 1,000 people attended including Governor Kitzhaber. The December HCWF Committee meeting was cancelled to give members and staff a chance to attend the Summit. Discussion: Members shared their impressions of the Summit. Some of the main points were: • Most attendees were not actual providers. Where were the providers? • **Despite the positive changes in health care reform and delivery, navigating the system for many patients remains a challenge and as a result our safety net is still required.** • Don Berwick's statement that each player needs to come to the table willing to let go of something was very motivational. This would help bring the current system out of entrenched silos. • The examples and pilots provided were inspirational, but it is unknown if they will be scalable. • Payment reform is still problematic. Committee members wondered if CCOs are meeting their metrics and if they are the right metrics? Lisa shared that a new report is coming soon and that most CCOs are meeting almost all of the incentive measures, but not all. Discussion about measures is ongoing.
	Action Steps: • *Cathryn will send a link to the new report when it is published.*

5	**Committee Work Updates**
	Objective: Update committee members about ongoing work of the former workgroups. Discussion: GME Primary Care Consortium: GME Consortium planning group work is going well. The Executive Team of the planning group is interviewing for GME consultants and has narrowed the field to two. Both firms will be coming to Portland to present during the third week in January. Recruitment is also beginning for a project manager. The planning group has held two large meetings – one in Portland and the other in Corvallis and attendees came from across the state. The next meeting of the larger group will be after the consultant is hired. There is a general sense of excitement and enthusiasm for the project and plans for developing new funding streams is underway. Committee members asked if the group was tracking changes at the federal level. Pat shared that there were already changes at the VA with 1,500 new positions over the next five years with an emphasis on primary and mental health care. The planning group is aware of both state and federal action. Clinical Administrative Standards: Implementation and tracking system: Implementation is going fairly smoothly – questions have subsided and applications for exemptions have slowed as well. There are currently 44 exemptions on file and they are either from long term care facilities or from behavioral health clinics. Cathryn is beginning the process of a simple, initial evaluation of early implementation in order to provide some data to the annual rules advisory committee. After discussing the issue with stakeholders from community colleges and with members of the Oregon Association of Hospitals and Health Systems, there is still no home for the standardized tracking system work. Cathryn and Ann will continue to look for support for this effort.
6	**Healthcare Administration and Management – presentation by James Huntzicker**
	Objective: To better understand the importance of administrators and managers to the healthcare workforce and how they are being trained. Background: Presentation slides can be found here: http://www.oregon.gov/oha/OHPR/HCW/MeetingDocs/1.7.2015%20Materials.pdf Discussion: Professor Huntzicker's presentation gave the Committee an idea of the type of training and education necessary to produce managers and administrative professionals who can reduce waste and medical errors – essential functions if the state is to meet the

	triple aim of better care and better health at lower cost. OHSU's program has about twice as many applicants as there are spaces. This particular program is intended for people already working in the field. Professor Huntzicker sees a need for more diversity in this field, especially geographic diversity. There aren't enough students from rural or underserved areas. Committee members asked what this committee could do to encourage training of these professionals. Professor Huntzicker emphasized needing help, via incentives or other motivator, with recruitment of rural students for the program. Committee members shared that tuition reimbursements are not that robust and these programs remain too expensive for many rural professionals, especially those that received their initial training on the job and now simply need some certification of their expertise.
7	**Oregon Talent Council – presentation by Laura McKinney**
	Objective: To learn about the progress of the Oregon Talent Council and how the Healthcare Workforce Committee could participate. Background: Presentation slides can be found here: http://www.oregon.gov/oha/OHPR/HCW/MeetingDocs/1.7.2015%20Materials.pdf Discussion: Ms. McKinney's presentation focused on the history of the Engineering and Technology Industry Council (ETIC) and the efforts underway to expand ETIC to include both the healthcare and manufacturing sectors. A bill has been introduced to continue funding under this broadened scope. Funding allocations are recommended by industry partners and are designed to spur education and training in fields, sometimes new fields, that they believe will be needed for growth in the future. Ms. McKinney thinks that there will be a place in the expanded Council for the HCWF Committee. Committee members responded very positively to this possibility and asked Cathryn to assist in developing a proposal for Committee involvement.
	Action Steps: • *Cathryn will, with Jo's help, prepare a proposal and circulate it to the Committee.*
8	**General and OHA Updates**
	Discussion: • New OHA director, Lynne Saxton, starts on January 20th. • Legislative session begins on February 2nd. Bills we know of that have workforce implications include: ○ LC 481 – expands Boards required to submit workforce data to OHA

	○ LC 918 – allows telehealth consultations to take place in patients' homes ○ LC 1091 – Oregon Talent Council – expansion of ETIC into manufacturing and healthcare ○ LC 1965 – industry response to Telehealth bill ○ LC 2044 – gives HCWF Committee authority to make recommendations on incentive programs to the legislature – based on evidence of effectiveness. Rolls several state funds into one. • A legislative proposal sponsored by Rep. Nancy Nathanson - currently LC 2044 - would eliminate a number of individual funds that finance various health care provider incentives and bring them together for a single funding pool called the Provider Incentive Fund. Money from this fund would be allocated by the legislature to fund provider incentive programs. Under the proposal the Workforce Committee would be providing recommendations, with input from OHWI and the Oregon Center for Nursing, to the legislature on where to allocate the funds. • The National Health Service Corps Loan Repayment Cycle will open later this month. The PCO is reaching out to providers and has set a target of 50% more providers in Oregon accessing these funds. One major impetus for this attempt at expansion is that after 2015 Oregon may be at a disadvantage, relative to others states, in having HPSA scores that are likely to warrant NHSC awards. Future funding for NHSC is uncertain, but Oregon's work to increase access will mean that states that have not done this work, for example, Idaho, Texas, and Alabama, will be ahead in the line of Oregon for these funds in the future.
9	**Public Comment**
	Objective: Give members of the public time to share with the Committee. *There was no public comment at this meeting.*